Municipal Registrars: please circle the number of each contributor who is registered to vote in the district of the candidate. Above your signature, insert the total number of contributors on this page who are registered in the district. Please also cross out any blank lines or contributors who are not registered in the candidate's district.

Candidate's Name:

STATE OF MAINE COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station Office: 242 State Street
Augusta, Maine 04333-0135

Tel: (207) 287-4179 Fax: (207) 287-6775

Contributors: Please make checks or money orders payable to:

MAINE CLEAN ELECTION FUND

District #:

QUALIFYING CONTRIBUTIONS RECEIPT AND ACKNOWLEDGMENT

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each	contributor at	firms that he/she	ledges receipt of a \$5 qualifying contri has contributed \$5 from their personal TBE FROM THE TOWN OR CITY LISTE	funds and has received nothing of val	ontributors. By signing this receipt, ue in exchange for his/her signature
No.	Date	Check/M.O.#	Contributor's Name (Please Print)	Residence Address (No PO Box)	Contributor's Signature
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			received with my knowledge ny duplicate signatures.	I have verified that contril vote in the electoral division of th	outors circled above are registered to e candidate.
Date		Signature of Candidate		Date	Signature of Registrar